

Institutional Commitment to Pain Management

Many factors make pain assessment and management in the long-term-care setting challenging. Institutional commitment is essential to overcoming these barriers. The leadership of the organization must ensure that a commitment to resident comfort permeates all aspects of the facility's operation. The Agency for Healthcare Research and Quality (AHRQ), American Pain Society (APS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) all emphasize the need for:

- Agency standards for collaborative and interdisciplinary approaches
- Individualized pain control plans
- Assessment and frequent reassessment/monitoring
- Both pharmacological and non-pharmacological strategies to alleviate pain
- Establishment of a formalized approach to pain management. This system-wide interdisciplinary approach has become known as "institutionalizing pain management." This process focuses on identifying and eliminating barriers to effective pain management, while using several methods to incorporate evidence-based pain management practices into daily care.

The Wisconsin Cancer Pain Initiative developed the eight-step process for "Building an Institutional Commitment to Pain Management (Wisconsin Pain Initiative, n.d.)." This process can guide an organization through the process of developing a pain management program:

1. Develop an interdisciplinary workgroup
2. Analyze current pain management practices
3. Articulate and implement a standard of practice for pain management
4. Establish accountability for pain management
5. Provide information about both pharmacologic and non-pharmacologic interventions to clinicians to facilitate order writing, interpretation and implementation of orders
6. Promise individuals and families a quick response to their reports of pain
7. Provide education for all staff
8. Continually evaluate and work to improve the quality of pain management.

The American Medical Directors Association Guidelines for Chronic Pain Management in the Long-Term Care Setting (Winn & Dentino, 2004), outline the following areas as critical in building an institutional commitment to pain management:

Communication

Communication mechanisms must be in place to ensure that information about a resident's pain is routinely conveyed and acted on by the appropriate staff. Encourage all staff to use a common vocabulary to describe pain and standard pain assessment tools.

Education

All health care providers need education about pain management, which should be included both in orientation and on-going training. Nursing assistants and other direct caregiving staff should receive training and mentoring in pain recognition. Pain management education should include correcting misconceptions and myths about pain. The education should help staff identify and overcome their own cultural and gender biases. Staff should be trained in the proper use of pain assessment tools, and how to promote and coordinate pain management.

Staffing

There is some evidence that staffing patterns that allow staff to remain with the same residents for extended time periods may improve pain detection.

References

Wisconsin Pain Initiative (n.d.). *Building an institutional commitment of pain management: The Wisconsin resource manual*. Retrieved August 13, 2009, from <http://trc.wisc.edu/ManTOC.pdf>

Winn, P., & Dentino, A. (2004) Effective Pain Management in the Long-Term Care Setting. *Journal of the American Medical Directors Association*, 5(5), 342-352.